

ACTIVITY REGISTRATION

IMPORTANT! Please complete form carefully. We cannot process forms that are incorrect, incomplete, illegible or unsigned.

REGISTER BY MAIL:

Teen Programs
100 East Carrillo Street
Santa Barbara, CA 93101

REGISTER IN PERSON:

Teen Programs
100 East Carrillo Street
Santa Barbara, CA 93101

OFFICE USE ONLY

Entered by _____

Distributed by _____

Date _____

SECTION 1**Adult
(Main Contact)
Information**

Required for ALL
registrations

Adult Last Name _____ First Name _____

Mailing Address _____ City _____ Zip _____

Phone: Day _____ Evening _____ Cell/Pager _____

DOB: _____ Sex: _____ Email address _____

Emergency Contact _____ Relationship (spouse, friend, etc) _____

Daytime Phone _____ Evening or Cell Phone _____

Complete only for main contact activity registration: Are there allergies, medications, disabilities or special information we should know about? If yes, please list:

SECTION 2**Additional
Participants
(same
household)****PARTICIPANT #1:** Last Name _____ First Name _____ DOB: _____ Sex: _____

Are there allergies, medications, disabilities or special information we should know about? If yes, please list:

School & Grade (if applicable) _____

PARTICIPANT #2: Last Name _____ First Name _____ DOB: _____ Sex: _____

Are there allergies, medications, disabilities or special information we should know about? If yes, please list:

School & Grade (if applicable) _____

You must provide your User ID from your Resident Discount Card (RDC) to receive discounted fees: RDC User ID

**SECTION 3
Registration
Information**

For more
information on the
Resident Discount
Program, visit our
website.

Code #	Activity Name	Start Date	Participant Name	FEE

TOTAL FEES PAID: _____

Payment Method (check one): ☐ Cash (do not mail) ☐ Check to City of Santa Barbara ☐ Visa ☐ MasterCard

Card # _____ Exp. Date: _____ Cardholder (print) _____

How did you hear about us? ☐ Activity Guide ☐ Newspaper ☐ Radio ☐ Website ☐ Metro Theater ☐ TV ☐ Flyer ☐ Friend

SECTION 4: City of Santa Barbara Code of Conduct and Release Agreement (must be signed by adult named in Section 1 to validate registration).

CODE OF CONDUCT By signing the release agreement below, you acknowledge that you have read and fully understand the City of Santa Barbara Parks and Recreation Department "Code of Conduct" and do thereby for yourself, or on behalf of your child(ren), agree to abide by its policies and conditions exactly as written. See other side of this form for complete Code of Conduct policy.

CITY OF SANTA BARBARA RELEASE AGREEMENT IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THIS CITY ACTIVITY OR USE OF ANY CITY FACILITIES IN CONNECTION WITH THIS ACTIVITY, THE UNDERSIGNED AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE CITY OF SANTA BARBARA, ITS EMPLOYEES, OFFICERS AND AGENTS (hereinafter referred to as "releasees") from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any loss, damage, or claim therefore on account of injury to the person or property of the undersigned, whether caused by any negligent act or omission of the releasees or otherwise while the undersigned is participating in the City activity or using any City facilities in connection with the activity.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS the releasees from all liability, claims, demands, causes of action, charges, expenses, and attorney fees (including attorney fees to establish the releasee's right to indemnity or incurred on appeal) resulting from involvement in this activity whether caused by any negligent act or omission of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE while upon City property or participating in the activity or using any City facilities and equipment whether caused by any negligent act or omission of releasees or otherwise. The undersigned expressly agrees that the foregoing release and waiver, indemnity agreement and assumption of risk are intended to be as broad and inclusive as permitted by California law and that if any portion thereof be held invalid, notwithstanding, the balance shall continue in full legal force and effect.

I acknowledge that I have read the foregoing and that I am aware of the legal consequences of this agreement, including that it prevents me from suing the City or its employees, agents, or officers if I am injured or damaged for any reason as a result of participation in this activity. I further acknowledge that no oral representations, statements or inducements have been made.

IF THE PARTICIPANT IS A MINOR, his or her custodial parent or legal guardian must read and execute this agreement. I hereby warrant that I am the legal guardian or custodial parent of

_____ who is a minor, and agree, on my own and said minor's behalf to the terms and conditions of the foregoing agreement.

✓ Adult Name (please print) _____ Signature _____ Date _____